

07 SEP 6 5 PM 3:05
 RICHARD H. WIEKING
 CLERK, U.S. DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

FILED
 16

E-filing

1 **COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**

2
 3 Name Breerigere Anthony S
 4 (Last) (First) (Initial)

5 Prisoner Number K-166652

6 Institutional Address Salinas Valley State Prison
 7 Box 1050, Soledad, CA 93960-1050

9
 10 **UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA**

11 Anthony Breerigere
 (Enter the full name of plaintiff in this action.)

12
 13 vs.
California Dept. of Corrections
 14 S.V.S.P. Department of
 15 Medical Health M.T.A. M.

16 Chukwunite
 17 (Enter the full name of the defendant(s) in this action))

18 **SC 07 4598**
 Case No.

(To be provided by the clerk of court)

19 **COMPLAINT UNDER THE
 CIVIL RIGHTS ACT,
 42 U.S.C §§ 1983**

20 *[All questions on this complaint form must be answered in order for your action to proceed.]*

21 I. **Exhaustion of Administrative Remedies**

22 **[Note: You must exhaust your administrative remedies before your claim can go
 forward. The court will dismiss any unexhausted claims.]**

23 A. Place of present confinement Salinas Valley State Prison

24 B. Is there a grievance procedure in this institution?

25 YES NO

26 C. Did you present the facts in your complaint for review through the grievance
 procedure?

27 YES NO

28 D. If your answer is YES, list the appeal number and the date and result of the

1 appeal at each level of review. If you did not pursue a certain level of appeal,
2 explain why.

3 1. Informal appeal Appeal was not processed
4 by S.V.S.P. STAFF THROUGH THE
5 Appeal was

2. First

6 formal level Same

9 3. Second formal level Same

11 4. Third

12 formal level Same

15 E. Is the last level to which you appealed the highest level of appeal available to
16 you?

17 YES () NO

18 F. If you did not present your claim for review through the grievance procedure,
19 explain why.

22 II. Parties

23 A. Write your name and your present address. Do the same for additional plaintiffs,
24 if any.

25 Anthony S. Beringer 1566652 S.V.S.P. P.O. Box
26 1050 Solana, CA 93960-1050

27 B. Write the full name of each defendant, his or her official position, and his or her

1 place of employment.
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7 Statement of Claim

8 State here as briefly as possible the facts of your case. Be sure to describe how each
9 defendant is involved and to include dates, when possible. Do not give any legal arguments or
10 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a
11 separate numbered paragraph.

12 On 3-2-05 at 6:15 a.m. MTA, M. Chavrinic
13 poured hot scalding water on my foot. This was
14 done intentionally. This deliberate act was accomplished
15 out of malice and without regard to my physical
16 well being. I suffered and sustained 2nd degree
17 burns on my foot and ankle

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25 IV. Relief

26 Your complaint cannot go forward unless you request specific relief. State briefly exactly
27 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

28 Seeking monetary damages up to \$100,000 dollars

1 Also seeking to have the MTA
2 removed from this facility and any
3 other state run facility.
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6

7 I declare under penalty of perjury that the foregoing is true and correct.
8

9 Signed this 13 day of August, 2007
10

11 Reitinger, Anthony J.
12 (Plaintiff's signature)
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STATE OF CALIFORNIA
COUNTY OF MONTEREY

(C.C.P. SEC. 466 & 2015.5; 28 U.S.C. SEC. 1746)

I, Anthony S. Berringer declare under penalty of perjury that: I am the Plaintiff in the above entitled action; I have read the foregoing documents and know the contents thereof and the same is true of my own knowledge, except as to matters stated therein upon information, and belief, and as to those matters, I believe they are true.

Executed this 13 day of August, 2007, at Salinas Valley State Prison, Soledad, California 93960-1050.

(Signature)

DECLARANT/PRISONER

PROOF OF SERVICE BY MAIL

(C.C.P. SEC 1013(a) & 2015.5; 28 U.S.C. SEC. 1746)

I, Anthony S. Berringer, am a resident of California State Prison, in the County of Monterey, State of California; I am over the age of eighteen (18) years and am not a party of the above entitled action. My state prison address is: P.O. Box 1050, Soledad, California 93960-1050.

On August 13, 2007, I served the foregoing: Complaint 1983
Court sum, in Formal process Form Applicated

(Set forth exact title of document(s) served)

On the party(s) herein by placing a true copy(s) thereof, enclosed in sealed envelope(s), with postage thereof fully paid, in the United States Mail, in a deposit box so provided at Salinas Valley State Prison, Soledad, California 93960-1050.

OFFICE OF THE CLERK

(List parties served)

There is delivery service by United States Mail at the place so addressed, and/or there is regular communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: August 13, 2007

Berringer, Anthony
DECLARANT/PRISONER